



## **Pandemic Alert Notification: Interim clinical considerations for the use of COVID-19 vaccines and immune-based tests for tuberculosis infection**

*March 3, 2021*

Dear State Refugee Health Coordinator and Refugee Health Partners:

CDC has released [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#). This guidance includes considerations for providers who may be using immune-based tests for tuberculosis (TB) infection, such as the tuberculin skin test (TST) and interferon-gamma release assay (IGRA), at the same time as COVID-19 vaccination. Additionally, the CDC Division of TB Elimination has distributed a [letter](#) to domestic TB programs outlining clinical considerations for healthcare personnel undergoing TB testing who are also receiving mRNA COVID-19 vaccines. The CDC Division of Global Migration and Quarantine (DGMQ) has customized the information in these guidance documents as a resource for clinicians providing care to newly arrived refugees and other newcomers resettled through the United States Refugee Admissions Program (USRAP).

Clinicians conducting domestic medical screening for newly arrived refugees and other newcomers should continue to refer to the [Domestic TB Screening Guidance for Newly Arrived Refugees](#). **Administration of COVID-19 vaccines should not be delayed due to testing for TB infection among new arrivals at the domestic medical screening exam.** However, providers should weigh the risk of delaying TB testing, considering potential loss to follow-up, and logistical challenges of multiple appointments.

If vaccination is available for eligible individuals, clinicians should consider testing for TB infection with one of the immune-based methods, either TST or IGRA, during the same encounter as COVID-19 vaccination.

- If using IGRA, draw blood prior to COVID-19 vaccination.
- If using TST, place prior to COVID-19 vaccination.
- TST is not expected to affect safety or effectiveness of the COVID-19 vaccine. IGRAs are blood tests and, thus, do not affect vaccine safety or efficacy.

When TB testing is not feasible before or during the same encounter as vaccination and is done within the 4 weeks after receipt of a COVID-19 vaccine, a TST or IGRA should be interpreted as follows:

- The reliability of a positive TST or IGRA result after COVID-19 vaccination is expected to be the same as without the vaccination. COVID-19 vaccination is not expected to cause false positive results from a TB test that is done at the same encounter as or after COVID-19 vaccination.
- The reliability of a negative TST or IGRA result following COVID-19 vaccination has not been studied. Although not required, it is reasonable to advise patients with negative results to be retested after 4 weeks of receipt of vaccine.

Patients who have latent TB infection, active TB disease, or an illness that is being evaluated as active TB disease [can receive](#) a COVID-19 vaccine.

CDC will continue to notify state refugee health coordinators of the overseas availability of COVID-19 vaccines and plans to vaccinate US-bound USRAP newcomers.

**Additional Considerations for Newcomers (refer to notifications sent July, November, and December 2020)**

As outlined in previous domestic notification letters, all US-bound refugees are currently tested for COVID-19 infection within 72 hours of departure for the United States, monitored for signs and symptoms of COVID-19 prior to travel, assessed for close contact with others with signs and symptoms or confirmed with COVID-19, and subject to quarantine requirements prior to departure (see December 7, 2020 notification for complete details).

Beginning July 2020, CDC recommended that refugees stay at home as much as possible for 14 days after arrival. On November 21, 2020, CDC issued [new recommendations](#) for all persons, including refugees, arriving in the United States after international air travel. These recommendations include:

- Get tested for COVID-19 3-5 days after travel **AND** stay home for 7 days after travel, even if test is negative.
- If not tested, stay home for 10 days after travel.
- Follow [state and local](#) recommendations or requirements related to travel.

Domestic refugee medical screening should be scheduled at least 14 days after arrival **unless** there is an acute or chronic health issue that needs to be addressed immediately. Routine post-arrival screening and should continue in accordance with the domestic notification sent on March 13, 2020 and [standard CDC guidance](#).

Lastly, in a notification sent on January 21, 2021, CDC requested that state refugee health coordinators promptly notify the CDC DGMQ, Immigrant, Refugee, and Migrant Health Branch (IRMHB) of USRAP newcomers who develop COVID-19 (with a positive test) within the first two weeks after arrival.

As this is a rapidly evolving situation, additional guidance might be issued in the future. CDC, in partnership with in-country and international partners, will continue to monitor refugee movement as well as the COVID-19 pandemic, and will continue to notify partners of any changes related to guidance for US-bound refugees and new arrivals. Please contact the CDC IRMHB Domestic Team ([irmhdomestic@cdc.gov](mailto:irmhdomestic@cdc.gov)) with any questions.

Sincerely,



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